PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approves for the element of 17/2007. Onto 9097-9032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Docket Number 5,816	ing Date 16/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
FOR NUMBER FILED				.ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	770
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		12 minus 20 =		• 0			x \$ =		OR	X \$18 =	0
	EPENDENT CLAIM CFR 1.16(h))	IS	1 minus 3 =		• 0			x \$ =			X \$86 =	0
APPLICATION SIZE FEE (37 CFR 1.16(e))  (37 CFR 1.16(e))  (39 Use 1 September 2						n size fee due for each thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		ı	TOTAL	770
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	12/12/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOU PAID FOR	SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 7	Minus	<b></b> 20		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	<b>3</b>		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column		(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	*				x \$ =		OR	x \$ =	
	Independent (37 CFR 1,16(h))	*	Minus	***		:		x \$ =		OR	x s =	
필	Application Size Fee (37 CFR 1.16(s))									ı		
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For M THIS SPACE is less than 20, enter" 20".  If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter" 3".  The "Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  The "Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Previously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Proviously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of the Highest Number Proviously Paid For M THIS SPACE is less than 3, enter 3".  Sharper of t												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost figured by the USFTO to monoceal an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in the 92 annuates to complete, another implication, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS